



CHDP UPDATE

EDS • PO Box 13029 • Sacramento, CA • 95813-4029

www.medi-cal.ca.gov

Child Health and Disability Prevention Bulletin 7

May 2004

Contents

OPT OUT Flyer

Automatic Medi-Cal Enrollment
Through CHDP Gateway 1

CHDP Gateway/Medi-Cal
Programs: New Aid Codes 6

Poverty Level Income
Guidelines 6



Automatic Medi-Cal Enrollment Through the CHDP Gateway

Effective for dates of service on or after June 1, 2004, modifications to the CHDP Gateway enrollment process will allow automatic enrollment into Medi-Cal for eligible infants younger than 1 year of age without their parent or parents having to complete a joint *Medi-Cal/Healthy Families Application* (MC 321). These modifications to the CHDP Gateway process will also allow a single CHDP Gateway transaction in the provider's office to automatically enroll eligible infants younger than 1 year of age in full-scope, no Share of Cost (SOC) Medi-Cal coverage until their first birthday. With implementation of infant enrollment, providers will no longer need to make newborn referrals.

Eligible infants are those whose mothers had Medi-Cal eligibility at the time of delivery, who lived with the mother during the month of birth and continue to reside with the mother in California. Those eligible include infants whose mothers were enrolled in a Medi-Cal Managed Care Plan, as well as those whose mother had Medi-Cal with a SOC that was met at the time of birth.

CHDP Gateway Pre-Enrollment Application Changes

To link the infant with the mother whose delivery was covered under Medi-Cal, three data fields are being added to the *Child Health and Disability Prevention (CHDP) Program Pre-Enrollment Application* (DHS 4073, revised 7/03). A successful transaction that links the infant with the mother will automatically enroll the infant into Medi-Cal.

In the "For Patients Under One Year of Age, Please Complete this Section" area of the DHS 4073, the following three fields are now included:

- If younger than 1 year of age, did the infant live with the mother in the month of birth?
- Mother's Date of Birth.
- Mother's Benefits Identification Card (BIC) ID number or Social Security Number.

An infant enrollment flyer explaining this process will be available in English and Spanish for parents of infants younger than 1 year of age. The provider's office is to give this notice, along with a DHS 4073 (revised 06/04) to families of infants younger than 1 year of age who have no other health insurance coverage at the time of a CHDP health assessment. The infant enrollment flyer will be shipped to local CHDP programs before the June 1, 2004 implementation date. Local CHDP programs will distribute the flyers to area offices. The flyers also will be available to download from either the CHDP or Medi-Cal Web site by June 1, 2004. CHDP providers may continue to use the DHS 4073 (revised 07/03) for patients older than 1 year of age.

Please see Enrollment, page 3

EDS/MEDI-CAL HOTLINES

Telephone Service Center (TSC) 1-800-541-5555
Border Providers (916) 636-1200
DHS Medi-Cal Fraud Hotline..... 1-800-822-6222
Provider Telecommunications Network (PTN)..... 1-800-786-4346

For a complete listing of specialty programs and hours of operation, please refer to the Medi-Cal Directory in the provider manual.



***OPT OUT** is a new service designed to save time and increase Medi-Cal accessibility. A monthly e-mail containing direct Web links to current bulletins, manual page updates, training information and more is now available. Simply "OPT OUT" of receiving this same information on paper, through standard mail. To download the OPT OUT enrollment form or for more information, go to the Medi-Cal Web site at www.medi-cal.ca.gov, click "Publications" and then "OPT OUT."*

Stop Illegal Tobacco Sales

The simplest way to stop illegal tobacco sales to minors is for merchants to check ID and verify the age of the tobacco purchasers. Report illegal tobacco sales to 1-800-5-ASK-4-ID.

For more information, see the Department of Health Services Web site at <http://www.dhs.ca.gov>.

MEDI-CAL FRAUD IS AGAINST THE LAW

**MEDI-CAL FRAUD COSTS TAXPAYERS MILLIONS
EACH YEAR AND CAN ENDANGER
THE HEALTH OF CALIFORNIANS.**

**HELP PROTECT MEDI-CAL AND YOURSELF
BY REPORTING YOUR OBSERVATIONS TODAY.**

**DHS MEDI-CAL FRAUD HOTLINE
1-800-822-6222**

THE CALL IS FREE AND YOU CAN REMAIN ANONYMOUS.

Knowingly participating in fraudulent activities can result in prosecution and jail time. Help prevent Medi-Cal fraud.

Enrollment (*continued*)

To maximize successful enrollment of eligible infants into full-scope, no Share of Cost Medi-Cal, provider staff is reminded to ask parents of infants younger than 1 year of age to complete the three data fields previously referenced. Providers may obtain copies of the DHS 4073 from their local CHDP program or from the CHDP Web site (www.dhs.ca.gov/chdp) or Medi-Cal Web site (www.medi-cal.ca.gov).

Infant enrollment is effective June 1, 2004.

- If you are a Point of Service (POS) device user:
 - Starting May 22, 2004, the updated CHDP software for the POS device (VeriFone Omni 3300) will be available for automatic downloading.
 - Any POS transaction (eligibility, CHDP, SOC) will automatically trigger the download. The software will be available the day following the download.
 - Prior to June 1, 2004, providers submitting transactions that include the newborn data will receive the following message: “*Reminder – newborn enrollment transactions not available until June 1, 2004.*”
 - To submit a CHDP Gateway transaction that includes newborn enrollment on June 1, 2004, the provider must perform a POS transaction sometime between May 21, 2004 and May 31, 2004.
- For Internet users, updates to the Internet will be activated and available on June 1, 2004.

Immediate Need Eligibility Document

If the transaction successfully links the infant with the mother who was Medi-Cal eligible at the time of delivery, one of the following messages will appear on the *Immediate Need Eligibility Document*:

Message	Meaning	Next Steps
<i>Your infant is eligible for full-scope, no Share of Cost Medi-Cal back to the date of birth. No Medi-Cal application is needed. You will receive additional information from your county. Use your infant's Benefits Identification Card (BIC) to access Medi-Cal services.</i>	The infant met the eligibility requirement for full-scope, no Share of Cost Medi-Cal back to the date of birth. MEDS assigned aid code 8U for Medi-Cal. The county will request income information. No joint <i>Medi-Cal/Healthy Families Application</i> was mailed. The pre-enrollment application indicates the applicant already has a BIC.	<ol style="list-style-type: none"> 1. Keep a copy for your files, staple the printout to the infant enrollment flyer and give it to the parent/guardian. 2. Check the infant's eligibility. Enter the BIC ID number located on the bottom of the Gateway response to see the services for which the infant is eligible.

Please see Enrollment, page 4

Enrollment (continued)

Message	Meaning	Next Steps
<i>Your infant is eligible for full-scope, no Share of Cost Medi-Cal back to the date of birth. No Medi-Cal application is needed. You will receive additional information from your county. Use this document to access Medi-Cal services until your infant's Benefits Identification Card (BIC) arrives.</i>	The infant met the eligibility requirement for full-scope, no Share of Cost Medi-Cal back to the date of birth. MEDS assigned aid code 8U for Medi-Cal. The county will request income information. No joint <i>Medi-Cal/Healthy Families Application</i> was mailed. The pre-enrollment application indicates the applicant does not have a BIC.	<ol style="list-style-type: none"> 1. Have the parent/guardian sign the printout. 2. Keep a copy for your files, staple the printout with the original signature to the infant enrollment flyer and give it to the parent/guardian. 3. Check the infant's eligibility. Enter the BIC ID number located on the bottom of the <i>Immediate Need Eligibility Document</i> to determine the services for which the infant is eligible.
<i>Your infant is eligible for full-scope Medi-Cal. No other application is required. Your infant has a Share of Cost from birth month through last month. You will receive a request for income verification and more information from your county. Beginning this month and until the county can verify your income, your infant has no Share of Cost. Use the infant's Benefits Identification Card (BIC) to access services.</i>	The infant met the eligibility requirement for full-scope Share of Cost Medi-Cal back to the date of birth through last month. MEDS assigned aid code 8V for Medi-Cal. The county will request income verification and other additional information. No joint <i>Medi-Cal/Healthy Families Application</i> was mailed. The pre-enrollment application indicated that the applicant has a BIC card.	<ol style="list-style-type: none"> 1. Keep a copy for your files, staple the printout to the infant enrollment flyer and give it to the parent/guardian. 2. Check the infant's eligibility. Enter the BIC ID number located on the bottom of the Gateway response to determine the services for which the infant is eligible.

Please see **Enrollment**, page 5

Enrollment (continued)

Message	Meaning	Next Steps
<i>Your infant is eligible for full-scope Medi-Cal. No application is required. Your infant has a Share of Cost from birth month through last month. You will receive a request for income verification and more information from your county. Beginning this month and until the county can verify your income, your infant has no Share of Cost. Use this document to access services until your infant's Benefits Identification Card (BIC) arrives.</i>	The infant met the eligibility requirement for full-scope, Share of Cost Medi-Cal back to the date of birth through last month. MEDS assigned aid code 8V for Medi-Cal. The county will request income verification and other additional information. No joint <i>Medi-Cal/Healthy Families Application</i> was mailed. The pre-enrollment application indicated that the applicant does not have a BIC.	<ol style="list-style-type: none"> 1. Have the parent/guardian sign the printout. 2. Keep a copy for your files, staple the printout with the original signature to the infant enrollment flyer and give it to the parent/guardian. 3. Check the infant's eligibility. Enter the BIC ID number located on the bottom of the <i>Immediate Need Eligibility Document</i> to find out the services for which the infant is eligible.

If the transaction does not link the infant with the mother, the Medi-Cal eligibility verification system will determine the infant's pre-enrollment eligibility, returning a message indicating one of the following:

- The establishment of temporary Medi-Cal eligibility
- The establishment of CHDP eligibility
- The program for which the recipient is currently eligible (Medi-Cal or Healthy Families)
- A denial reason

Reminders:

- Before submitting any Gateway transaction, review all data entered for accuracy and make any necessary corrections.
- If the error is identified after the transaction has already been submitted, do not submit a second transaction in an attempt to correct an error.
- After the Gateway transaction is completed, it is necessary to perform an eligibility verification check to determine the range of service for which the infant is eligible.
- Use the infant's BIC ID number on the *Immediate Need Eligibility Document* for billing purposes, along with the assigned Gateway aid code and county code. The BIC number also may be used to bill the Medi-Cal fee-for-service program for subsequent medically necessary services.

Additional information about the CHDP Gateway is available on the CHDP Web site at www.dhs.ca.gov/chdp. If you have any questions, contact your local CHDP office.

The updated information is reflected on manual replacement pages conf clm comp 26, elig chdp 3, gate 1, 2 and 5 thru 11 and gate trans 1 thru 4.

CHDP Gateway/Medi-Cal Programs: New Aid Codes

The Child Health and Disability Prevention (CHDP) Gateway process is being modified to allow enrollment of infants younger than 1 year of age directly into Medi-Cal. An infant born to a woman with Medi-Cal coverage at the time of delivery is “deemed eligible” for Medi-Cal until the infant’s first birthday, so long as the infant is a member of the mother’s household and she remains eligible for Medi-Cal if she were still pregnant.

Effective for dates of service on or after June 1, 2004, the following new aid codes identify infants “deemed eligible” for full-scope Medi-Cal benefits.

Aid Code	Description
8U	Deemed Eligibility (DE) CHDP Gateway/Medi-Cal. Provides full-scope, no Share of Cost (SOC) Medi-Cal benefits for infants born to mothers who were enrolled in Medi-Cal with no SOC in the month of the infant’s birth.
8V	Deemed Eligibility (DE) CHDP Gateway/Medi-Cal. Provides full-scope Medi-Cal benefits with a Share of Cost (SOC) for infants born to mothers who were enrolled in Medi-Cal with a SOC in the month of the infant’s birth and SOC was met.

The updated information is reflected on Appendix page [aid codes 15](#).

2004 Poverty Level Income Guidelines

The 2004 federal poverty level income guidelines are effective April 1, 2004 through March 31, 2005. The guidelines are used to determine financial eligibility for Child Health and Disability Prevention (CHDP) program participants. Applicants are eligible if their gross family incomes are at or below the revised poverty levels shown in the following chart. For specific CHDP questions, call the local CHDP program office.

FEDERAL POVERTY INCOME GUIDELINES

200 Percent of Poverty by Family Size

Number of Persons	Gross Monthly Income	Gross Annual Income
1	\$ 1,552	\$ 18,620
2	\$ 2,082	\$ 24,980
3	\$ 2,612	\$ 31,340
4	\$ 3,142	\$ 37,700
5	\$ 3,672	\$ 44,060
6	\$ 4,202	\$ 50,420
7	\$ 4,732	\$ 56,780
8	\$ 5,262	\$ 63,140
9	\$ 5,792	\$ 69,500
10	\$ 6,322	\$ 75,860
For each additional person, add	\$ 530	\$ 6,360

This information is reflected on manual replacement page [elig chdp 2](#).

Instructions for Manual Replacement Pages

Child Health and Disability Prevention (CHDP) Bulletin 7

May 2004

Remove and replace: conf clm 3/4
 conf clm comp 25/26
 elig chdp 1 thru 3

Remove: gate 1 thru 10
Insert: gate 1 thru 11 (*new*)

Remove and replace: gate trans 1 thru 4

Remove and replace
in the *Appendix*: aid codes 15/16